



UNIVERSITY RADIATION SAFETY OFFICE

VISITOR USER APPLICATION

Date:

To: Wright State University Radiation Safety Office

From (Authorized User/Facility Coordinator/Faculty Operator):

Dept:

Re: Approval for Visiting User of Radiation Sources

Please approve the following individual(s) as an (a) Visitor User (s) under my Use Authorization.

Name	Degree	Employer

Research Project:

Radiation Sources:

Expected Duration of Work:

Is Dosimetry Needed: Yes (submit a Dosimetry Issuance form for each Visitor User) No

Radiation Safety Training: Attach form RSO1 (Radioactive Materials) or form RSO2 (Radiation-Generating Equipment) for each applicant.

I will follow the directions of the Authorized User and RSO and will not supervise anyone else in the lab. I understand that I will be working with hazardous materials or equipment and will exercise due caution. I understand the laboratory training provided and am confident I have the expertise and background to work safely. If I encounter unsafe conditions, I will notify the Authorized User or Radiation Safety Officer immediately. I have read relevant sections of the Radiation Safety Manual and laboratory procedures and will fully comply with them. I understand the Radiation Safety Officer has copies of the Ohio rules, the university's license to use radioactive materials, and the registrations for radiation-generating equipment should I desire to read them.

Visitor User Signature: _____ Date: _____

Visitor User Signature: _____ Date: _____

Visitor User Signature: _____ Date: _____

Level of Supervision Requested: Direct Indirect, after instruction and observed performance.

Authorized User Signature: _____ Date: _____

Facility Coordinator (if Radiation-Generating Equipment): _____ Date: _____

Department Chair: _____ Date: _____

For RSO Office Use, Only: Comments/Conditions: _____

Radiation Safety Officer: _____ Date: _____

Chair, Radiation Safety Committee: _____ Date: _____